

| POSITION                  | INITIALS | ID NO.    | DATE    |
|---------------------------|----------|-----------|---------|
| FEE DETERMINATION         | SD       | 75316     | 6/7/00  |
| O.I.P.E. CLASSIFIER       |          | 5-6-21-00 |         |
| FORMALITY REVIEW          |          |           |         |
| RESPONSE FORMALITY REVIEW | SB       | 59222     | 8-15-00 |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
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